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TWO CASES OF QUININE AMAUROSIS, FROM THE PRACTICE OF DR. C. R. AGNEW AND DR. D. WEBSTER.

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CASE 1.—Mr. A. G. W., aged twenty-three, student of theology, native of Georgia, consulted us on account of asthenopia on January 17, 1880. He stated that seven years previously he had a congestive chill. Large quantities of quinine, say half a dozen large doses, were administered to him during the night, and the next morning he was totally blind. He is positive that he was unable to discern the light with either eye. This total blindness lasted only three or four hours, and then the sight began to return gradually in both eyes, and the next day he could distinguish objects naturally. He thinks he has never seen as well since as before. He does not remember having experienced any colored vision or subjective sensations of light. He says the physicians gave him the quinine in such large quantities because they thought he would not survive a second congestive chill. The remedy produced the desired effect, for he has not had a chill since.

Right eye, vision = $\frac{20}{30}$, made $\frac{20}{20}$ with $+\frac{1}{4}$ c., axis 90° .

Left eye, vision = $\frac{20}{40}$; not improved by glasses.

Ophthalmoscopically both eyes are normal, except that there are whitish bands running along the sides of the nasal branches of the left central retinal vein, and the optic disk of the same eye seems to be slightly paler than normal.

CASE 2.—Mrs. V., aged forty (?), came under observation January 13, 1880. Her history was given by her husband, a clergyman, as follows: She was ailing very much through the summer of 1879, having frequent attacks of cholera morbus, un-

til finally, on the early morning of Friday, July 25th, she had a very severe attack of the same, beginning at two o'clock, with severe discharges, running into watery evacuations, until seven o'clock, when she had violent cramps in the lower leg, ankles, and feet. The feet were placed in hot water—almost boiling :—she was covered with mustard poultices over the whole chest and abdomen, and over the whole length of the spine, for over twelve hours. These were then removed and fly blisters were placed on the chest and stomach, and her legs and arms were rubbed continuously. The doctors said that her kidneys, liver, bowels, and brain were congested. After twelve o'clock (noon) on Friday quinine was administered *per rectum* in doses of fifteen grains every three hours. Her stomach refused every thing with desperate nausea until the following Sunday afternoon.

The quinine was given in enemas of milk and water, thin starch water, and beef tea, which also gave nourishment. In this way *one hundred and five* grains of quinine were given, when, on Saturday at noon, the physicians said that her pulse indicated that the quinine might be suspended. From the commencement of the attack until Sunday was passed (three days) she lay in a semi-unconscious state ; intelligent when roused, but relapsing into quiet resting that was not sleep. The quinine was resumed in five-grain doses every three hours until twenty-five grains had been taken whenever there seemed to be any threatening of a return of the chill. She also has taken, ever since, a tonic, which gives five grains of quinine daily. On Sunday morning, the third day of the attack, she first became aware that she was blind. She was also *very deaf*, but the deafness passed away in a few days, as in other cases of deafness from quinine. On Monday evening she dimly discerned that there were five persons in her room, but only for a few moments. After this there was total “blankness” until the first week in September, when she dimly discovered a small spot of yellow on the window. After three or four weeks this assumed the form of a right angle, the outlines being lines of yellow light, apparently on a black background. And so from that time to the present the same process has been going on, more objects being outlined in lines of golden light, as on a black-board. She sees a circle of light, about a yard in diameter, when she looks at a lighted lamp or the sun, as if light were struggling to shine through a thick fog. She first saw only through the extreme outer corners of her eyes, and not at all in front. Gradually she has been discerning out-

lines in front. Now the objects seen on either side are dark, while those in front are still in the outlines of golden light.

Her eyes were examined by a competent physician on August 10th and 11th, and he pronounced her case one of "anæmia of the retina." He said that the retina was white, and the blood-vessels in it like white threads; that nothing but nutrition and new blood could remedy the trouble, and he hoped much from these.

Another ophthalmologist examined her eyes about the middle of October, and arrived at the same conclusion.

Present condition :

Right eye, vision = $\frac{7}{200}$.

Left eye, vision = $\frac{7}{100}$.

Ophthalmoscopic appearances : Disks perfectly white and arteries entirely obliterated and replaced by white lines; the very few minute retinal vessels have white lines along their sides. There are a few white, fleecy-looking connective-tissue changes in the retina near the disk and a mottled appearance of the choroid. The pupils dilate downward and outward nearly symmetrically, and there are deposits on the anterior capsules of the lenses.

The patient was given a course of hypodermic injections of nitrate of strychnia, but without apparent benefit.

In both the above cases the blindness was evidently due either to the "congestive chill" or to the poisonous effects of the quinine. After reading most of what has been published upon the subject of late, I am decidedly of the opinion that they were genuine cases of "quinine amaurosis." Extended remarks upon the subject seem to be uncalled for. Dr. Knapp has gone into the whole subject rather exhaustively in an article printed in Vol. X of the *Archives of Ophthalmology*, and to this I beg to refer those who wish to know more about it. I may just add that cases have been published by Graefe, Wecker, Roosa, Voorhies, Michel, Gruening, Baldwin, and Baumgarten, all of which are referred to and analyzed in Knapp's paper.

